

(staple inside file in blue slip area)

## 2700 INTERNAL TRANSFER REQUEST FOR S.N.

|                          |  |
|--------------------------|--|
| DATE: <u>5/8/02</u>      | FROM: <u>PHUNKULA</u> (print name)                               |
| FORWARD TO:              | REASON(S):   |
| A. Art Unit: <u>2631</u> | A. You had Parent <input type="checkbox"/> (check box)           |
| B. Class: <u>375</u>     | B. See Title <input type="checkbox"/> (check box)                |
| C Subclass: <u>?</u>     | C. See Abstract <input checked="" type="checkbox"/> (check box)  |
|                          | D. See Claim(s): <input checked="" type="checkbox"/> (check box) |

FURTHER EXPLANATION IF NEEDED:

demodulating a complex FM signal by a fixed Point DSP

|                    |  |
|--------------------|--|
| DATE: _____        | FROM: _____ (print name)                               |
| FORWARD TO:        | REASON(S):   |
| A. Art Unit: _____ | A. You had Parent <input type="checkbox"/> (check box) |
| B. Class: _____    | B. See Title <input type="checkbox"/> (check box)      |
| C Subclass: _____  | C. See Abstract <input type="checkbox"/> (check box)   |
|                    | D. See Claim(s): _____                                 |

FURTHER EXPLANATION IF NEEDED:

|                       |  |
|-----------------------|--|
| DATE: _____           | FROM: _____ (print name)                               |
| FORWARD TO CLASSIFIER | REASON(S):   |
|                       | A. You had Parent <input type="checkbox"/> (check box) |
|                       | B. See Title <input type="checkbox"/> (check box)      |
|                       | C. See Abstract <input type="checkbox"/> (check box)   |
|                       | D. See Claim(s): _____                                 |

FURTHER EXPLANATION IF NEEDED:

## DISPOSITION BY 2700 CLASSIFICATION

|                    |  |
|--------------------|--|
| DATE: _____        | CLASSIFIER: _____                                      |
| FORWARD TO:        | REASON(S):   |
| A. Art Unit: _____ | A. You had Parent <input type="checkbox"/> (check box) |
| B. Class: _____    | B. See Title <input type="checkbox"/> (check box)      |
| C Subclass: _____  | C. See Abstract <input type="checkbox"/> (check box)   |
|                    | D. See Claim(s): _____                                 |

FURTHER EXPLANATION IF NEEDED: